

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90015 020 ****50.00

DOCUMENT # L01000002625

1. Entity Name

TEGES, LLC

DO NOT WRITE IN THIS SPACE

946681

2. Principal Place of Business		3. Mailing Address	
220 Alhambra Circle		220 Alhambra Circle	
Suite, Apt. #, etc. 810		Suite, Apt. #, etc. Suite 810	
City & State Coral Gables, FL		City & State Coral Gables	
Zip 33134	Country USA	Zip 33134	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name Mark Weissman	
Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle	
Suite 810	
City Coral Gables	FL Zip Code 33134

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marfelmer, Inc. (MGR) 220 Alhambra Circle, #810 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMECI, Inc. (MGR) 220 Alhambra Circle, #810 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XINEOHP Holdings, Inc. (MGR) 220 Alhambra Circle, #810 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)